

HBCCSQ NSECE Analysis Brief

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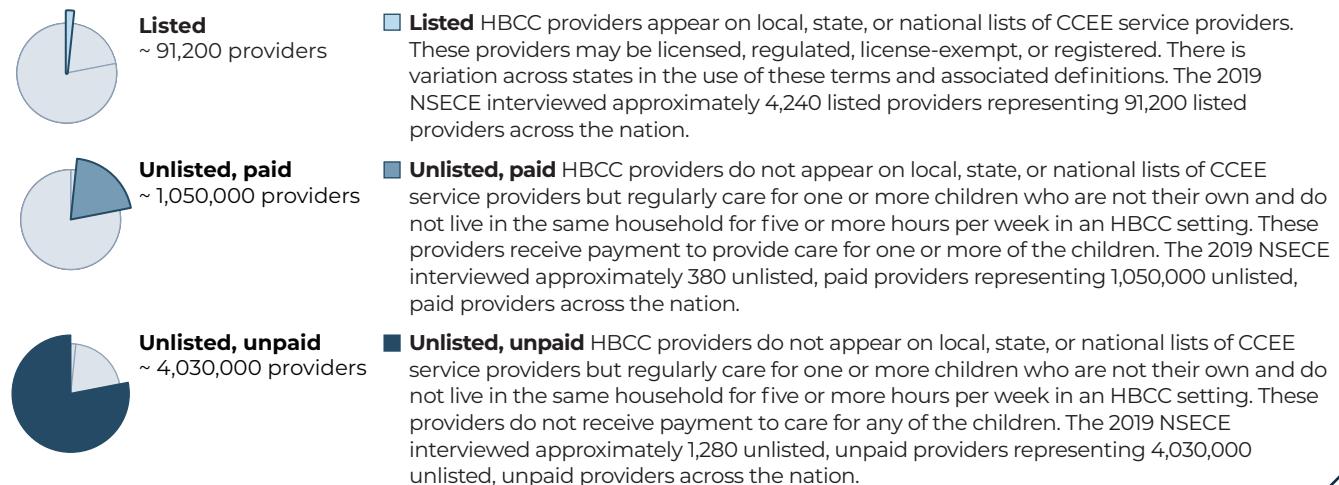
A National Portrait of Unlisted Home-Based Child Care Providers

Learning Activities, Caregiving Services, and Children Served

In 2019, more than 5 million providers cared for one or more children either in their own home or in a child's home.¹ Home-based child care (HBCC) providers are a varied group that includes both listed providers and unlisted providers who do and do not receive payment (Exhibit 1). HBCC is especially prevalent in communities of color, communities with high concentrations of people from immigrant backgrounds, areas of concentrated poverty, and rural communities.^{2,3} Yet, research on HBCC lags behind research on center-based child care and early education (CCEE),⁴ and the least is known about unlisted providers who do not appear on state or national provider lists and work outside the formal systems supporting CCEE programs.^{5,6} Using the 2019 National Survey of Early Care and Education (NSECE), this brief focuses on how unlisted HBCC providers spend their caregiving time, what kinds of caregiving services they provide, and the characteristics of the children they serve.

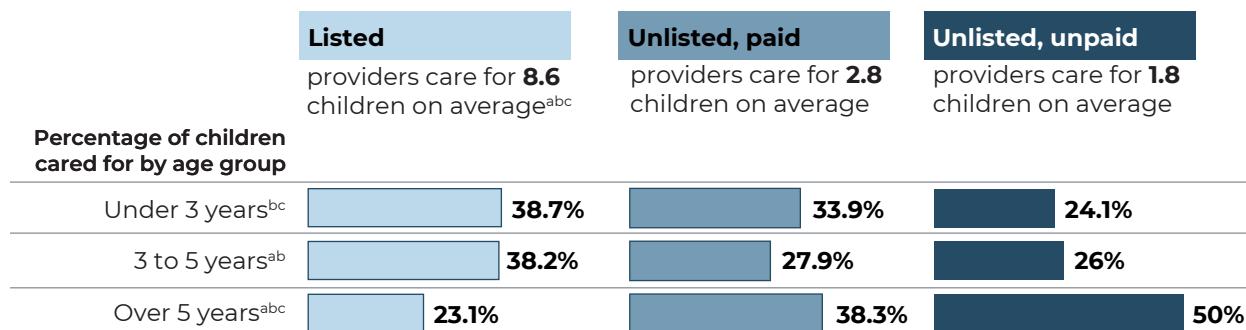
These analyses were conducted as part of the Home-Based Child Care Supply and Quality (HBCCSQ) project. This project aims to fill gaps in the knowledge base on HBCC. The analyses drew from an expansive range of variables from the 2019 NSECE Home-Based Provider Survey. We examined each characteristic separately for unlisted providers who accepted payment, unlisted providers who did not accept payment, and listed providers, and conducted pairwise comparisons between each of these groups using two-tailed t-tests. We **highlight differences** between groups when the *p*-value associated with this test falls below the 5 percent level. We weighted all analyses using NSECE-constructed weights so that results are representative of HBCC providers across the nation in 2019.⁷

Exhibit 1. Types of HBCC providers as defined by the NSECE



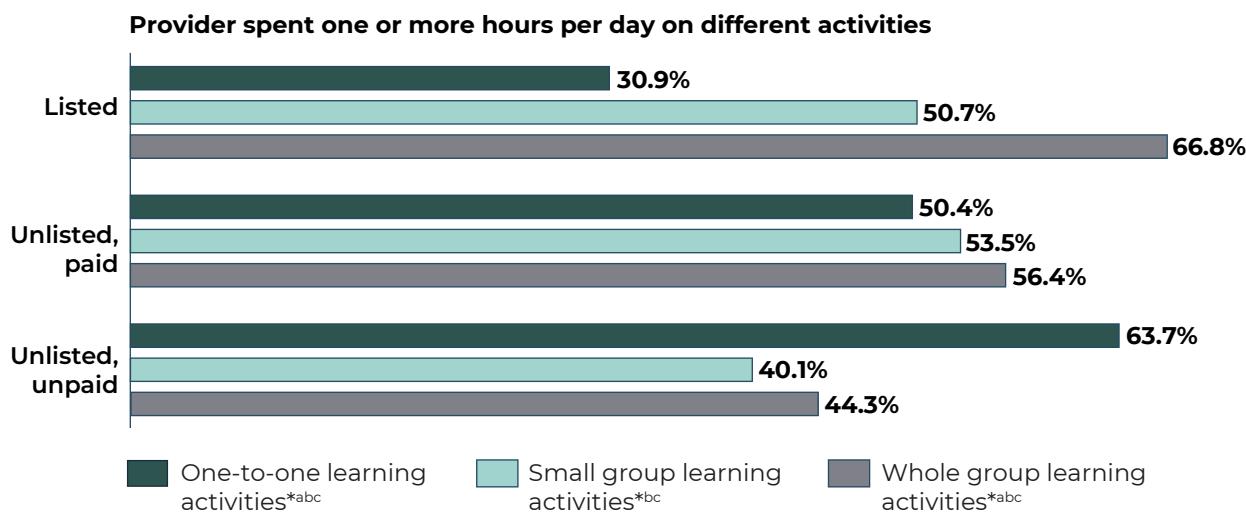
Compared to other HBCC providers, **unlisted, unpaid** providers tended to care for fewer children, more school-age children, and were more likely to provide care during non-standard hours (such as evening, weekday overnight, and weekend hours).

Unlisted, unpaid providers cared for fewer than two children, on average. Half of the children they cared for were school age while just one quarter were infants and toddlers. These proportions were higher and lower, respectively, compared to other HBCC providers.



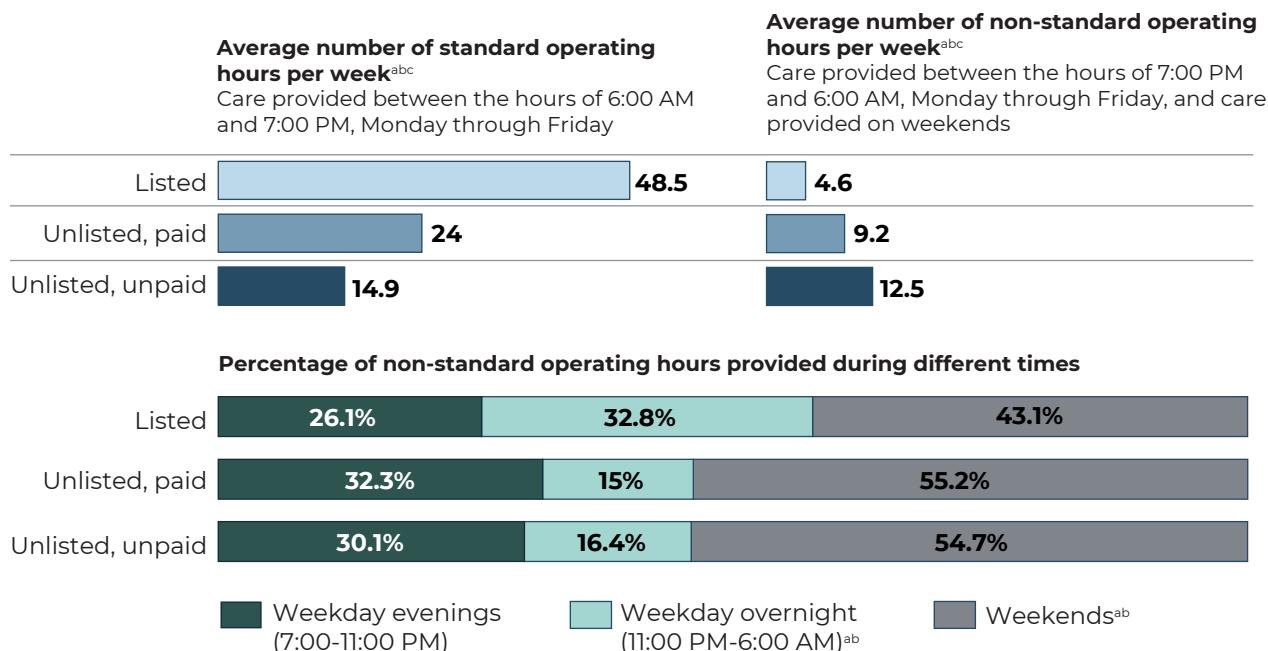
We use superscripts to indicate **statistically significant differences** between group means or percentages. Superscript 'a' indicates a difference between listed and unlisted, paid providers; 'b' indicates a difference between listed and unlisted, unpaid providers; and 'c' indicates a difference between unlisted, paid and unlisted, unpaid providers.

Among those asked, unlisted, unpaid providers were most likely to spend an hour or more per day on one-to-one learning activities with children, which may reflect the small number of children for whom they care, on average. Just under half spent time on whole and small group activities, both smaller proportions compared to other HBCC providers.



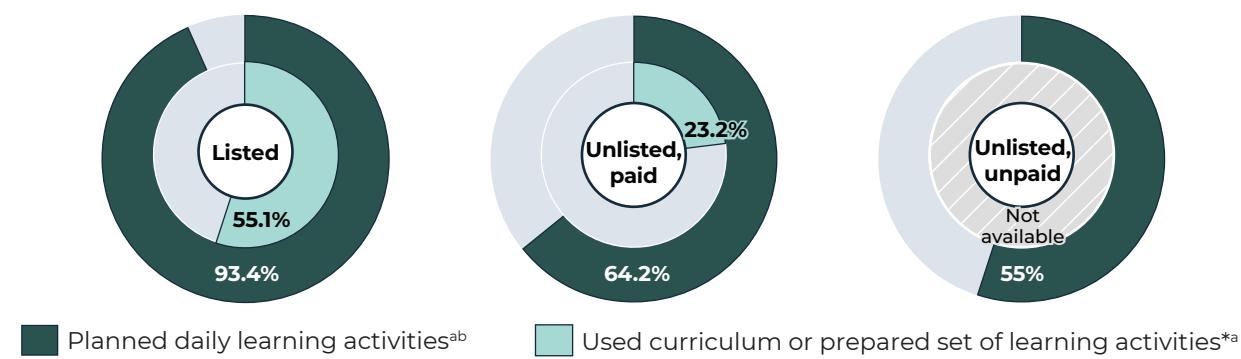
* These items were only asked of providers who reported **spending time planning** for children's daily learning activities.

Unlisted, unpaid providers cared for children during standard and non-standard hours, such as during weekends, evenings, and early mornings, for nearly equal number of hours per week, on average. Compared to other HBCC providers, they cared for children for a greater number of non-standard hours, but provided the fewest hours of care during standard operating hours. Among providers caring for children during non-standard hour care, the greatest proportion of hours occurred during weekends for all groups, though this proportion was largest for unlisted providers.



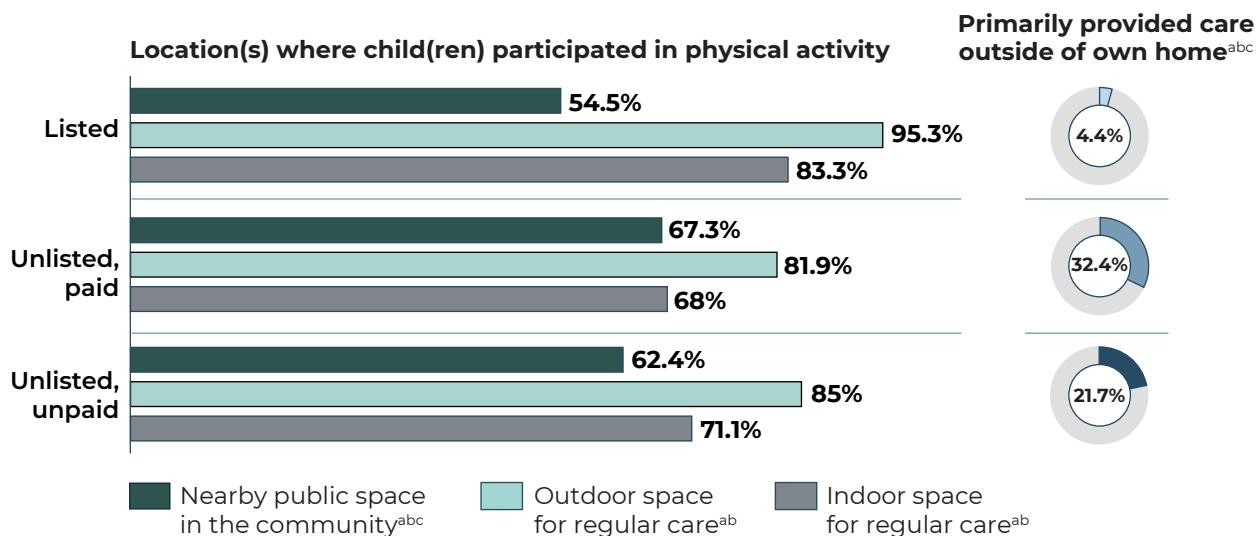
Unlisted, paid providers often invested considerable time in planning activities for children and on care-related activities outside of directly caring for children, such as communicating with families. Some provided care in the child's home, and many reported using community spaces for outdoor play.

Although a smaller proportion compared to listed providers, nearly two in three unlisted, paid providers spent time planning for children's daily learning activities. Among those asked, about one in four used a curriculum or prepared set of learning activities.

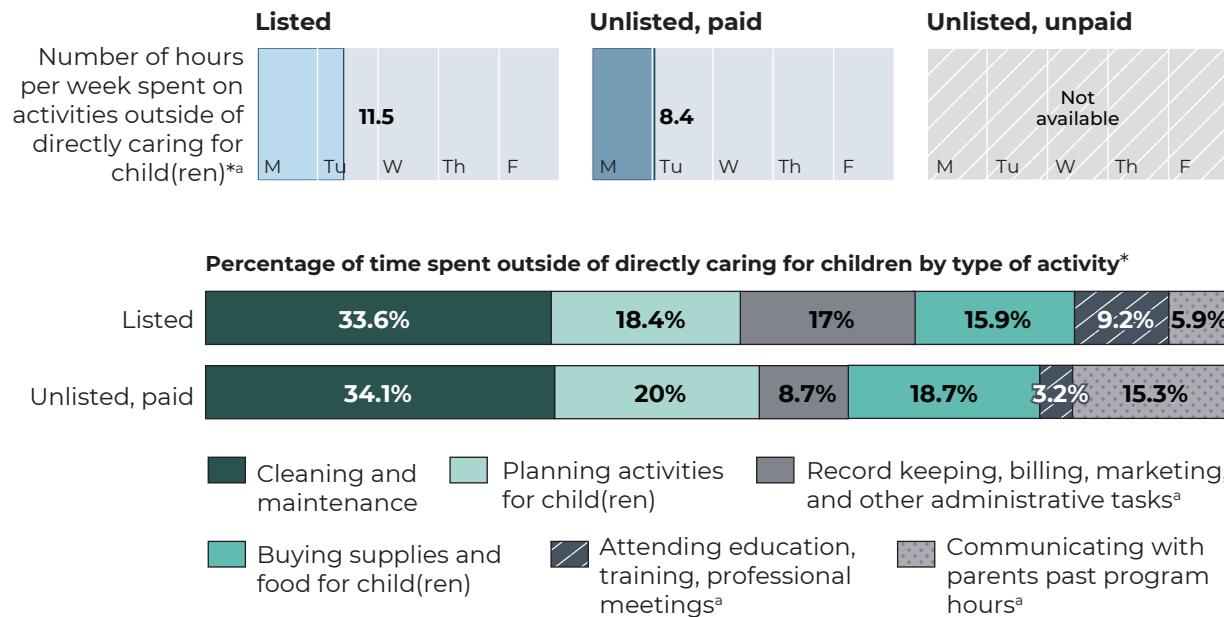


* This item was only asked of non-relationship-based providers and relationship-based providers who were paid and regularly served 4 or more children in their own home (97% of listed providers and 51% of unlisted, paid providers).

Many unlisted, paid providers operated outside of their own homes. Compared to other HBCC providers, a greater proportion primarily provided care in the home of the child(ren). About two-thirds reported relying on nearby community public spaces for children's physical activity, which is also a greater proportion compared to other HBCC providers.

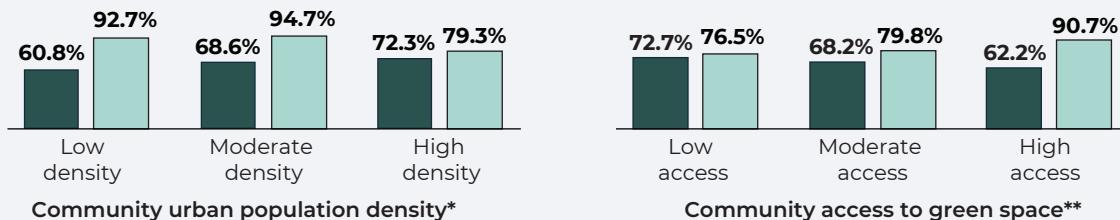


Among those asked, unlisted, paid providers reported spending approximately 8 hours per week on care-related activities outside of directly caring for children, on average, although this was about 3 hours less than listed providers. Compared to listed providers, a greater proportion of this time was spent communicating with families outside of operating hours, while a smaller proportion of this time was spent on administrative tasks and on professional development.



* This item was only asked of non-relationship-based providers and relationship-based providers who were paid and regularly served 4 or more children in their own home (97% of listed providers and 51% of unlisted, paid providers).

Among both **unlisted, paid** and **unlisted, unpaid** providers, providers in rural communities and those in areas with more access to green space were more likely to report using their own outdoor spaces — and less likely to report using **community public spaces** for children's physical activity.



Legend:
 Used community public space for child(ren)'s physical activity^{de}
 Used own outdoor space for child(ren)'s physical activity^{de}

Superscript 'd' indicates a difference between high density or access and low density or access groups; 'e' indicates a difference between high density or access and moderate density or access groups.

* The top, middle, and bottom thirds of the distribution of the ratio of urban population-to-total population in all NSECE communities using the American Community Survey (ACS) database.

** The top, middle, and bottom thirds of the distribution of the ratio of impenetrable surface area-to-total area in all NSECE communities using the Child Opportunity Index (COI) 2.0 database.

Implications

Differences in the number and ages of children served by different types of HBCC providers suggest the need to better understand how providers tailor their activities to meet the needs of children. For example, understanding that at least half of unlisted providers spend substantial time on one-to-one learning activities with children may motivate quality improvement efforts and future research to focus more on how providers can use these opportunities to foster children's development as well as the family-like relationships that are commonly associated with HBCC providers. We also find large percentages of unlisted providers who care for school-age children and provide care during non-standard hours. The ages of children cared for by unlisted providers and the hours of care they provide can inform the topics and approaches for professional development offered for unlisted providers, particularly those who intend to remain in the field. Finally, these findings align with research describing the reasons families may choose unlisted HBCC: flexible hours of care, individualized care, and frequent communication.⁴

Endnotes

¹ NSECE Project Team. "Home-Based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics." OPRE Report #2021-85. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.

² NSECE Project Team. "Measuring Predictors of Quality in Early Care and Education Settings in the National Survey of Early Care and Education." OPRE Report #2015-93. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2015.

³ Porter, Toni, Diane Paulsell, Patricia Del Grosso, Sarah Avellar, Rachel Hass, and Lee Vuong. "A Review of the Literature on Home-Based Child Care: Implications for Future Directions." Washington, DC: Mathematica Policy Research, 2010.

⁴ Bromer, Juliet, Toni Porter, Christopher Jones, Marina Ragonese-Barnes, and Jaimie Orland. "Quality in Home-Based Child Care: A Review of Selected Literature." OPRE Report #2021-136. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021.

⁵ Doran, Elizabeth, Ann Li, Sally Atkins-Burnett, Jasmine Ford, Jaimie Orland, Marina Ragonese-Barnes, Nathan Mix, Natalie Reid, and Ashley Kopack Klein. "Quality in Home-Based Child Care: Summary of Existing Measures and Indicators." OPRE Report #2022-27. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.

⁶ Hooper, Alison, Gerilyn Slicker, and Danielle Riser. "Identifying a Typology of Unlisted Paid Home-Based Child Care Providers Using Latent Profile Analysis." *Early Education and Development*, 32, pp. 1053-1066, 2021.

⁷ For detailed information about the 2019 NSECE sample design, key elements of its component surveys, and other unique survey features, see: NSECE Project Team. "2019 National Survey of Early Care and Education Data Collection and Sampling Methodology Report." OPRE Report 2022-118, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.

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